

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039231

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 3-8

Primary Registration District No. 5-2-12

Registrar's No. 20

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 7 1963

1. PLACE OF DEATH

a. COUNTY Carter

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Johnson

Length of stay in 1b
4 years

c. FULL NAME OF (If NOT in hospital, give location) Hwy. 60
HOSPITAL OR INSITUION 2 miles west of Ellsinore

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Carter

c. CITY
OR
TOWN Ellsinore

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Gen. Del.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First James Middle Joseph Last Grant

4. DATE OF DEATH 11-2-1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-21-1904

9. AGE (last birthday) 59

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
Nursuries

11. BIRTHPLACE (City and state or country)
Johanasburg, S. Africa U.S.A.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

James Grant

13b. MOTHER'S MAIDEN NAME

Taylor

14. NAME OF HUSBAND OR WIFE

Eva May Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or date of entry)
Yes World War II

17. INFORMANT

Address

Eva May Grant - Ellsinore, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conflagration-

House burned- Body Completely Charred-

Limbs burned off Trunk- All that remained

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Oil Stove Fire

20c. TIME OF DEATH
Hour 11:30
p.m. 11-2-1963

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION
Ellsinore

COUNTY

Carter

STATE

Mo.

21. I attended the deceased from 11:30 p.m. to and last saw her alive on
Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL

23b. DATE
11-3-1963

23c. NAME OF CEMETERY OR CREMATORY
Van Buren

23d. LOCATION (City, town, or county)
Van Buren Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS
McSpadden Van Buren, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Nov. 6 - 63 Mrs Octa. Henson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0180

2 0180

3

4 0

5 1

6

7 3

8 3

9 9/10

10 16

11 018

12 90-3

13 1-0

NOV 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Allen C. McGowan

Licensed Embalmer No.

45-43

P. O. Address

Van Buren, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.